

STATEMENT OF ORGANIZATION

OFFICE USE ONLY

1. Name and Address of Committee

LOUISIANA AMBULATORY
SURGERY PAC
PO BOX 80053
BATON ROUGE, LA 70898

2. Date of this Statement

1-5-16

3. Estimated Membership

50

4. Amended Statement?

Yes ☒ No

PAC
S/O
1/25

#796420
#566

Check If: New Committee ☐

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

ANDY WALDO

Chairperson

316 SOUTH 6TH ST.

Treasurer

MOORE, LA 71201

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)

a. Name

b. Address

c. Relationship to Committee

LOUISIANA AMBULATORY
SURGERY CENTER
ASSOCIATION

PO BOX 80053
BATON ROUGE, LA 70898

Parent

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

b. Address

CAPITAL ONE

301 MAIN ST.
BATON ROUGE, LA 70801

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: Committee

a. Check one: ☐ Principal Campaign Committee ☐ Subsidiary

b. Name of Candidate

c. Office Sought by the Candidate

9. a. Name of Person Preparing Report

DAVID ROBERSON

(225) 505-1059

b. Daytime Telephone

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

This 5th day of JANUARY 2016

Signature of Committee Chairperson

Daytime Telephone Number

Signature of Committee Treasurer, if any

Daytime Telephone Number

2016 JAN 25 AM 10:45
RECEIVED
OFFICE OF THE ATTORNEY GENERAL
STATE OF LOUISIANA